



# TOWN OF NORWOOD BOARD OF HEALTH

## REGISTRATION      PERMIT APPLICATION TO USE RECOMBINANT DNA (rDNA) MOLECULES

<b>1) Institution Name:</b>		<b>Date:</b>
<b>2) Institution Address:</b>		<b>Fed ID #:</b>
<b>3) Institution Mailing Address (If Different)</b>		
<b>4) Establishment Telephone No: (       )</b>		
<b>5) Applicant Name &amp; Title:</b>		
<b>6) Applicant Home Address:</b>		
<b>7) Applicant Phone No: (       )</b>		<b>24 Hour Emergency No: (       )</b>
<b>8) Applicant Email:</b>		<b>Fax: (       )</b>
<b>9) Owner &amp; Title (If Different From Applicant):</b>		
<b>10) Owner Address (If Different From Applicant):</b>		
<b>11) Person Directly Responsible For Daily Operations (Familiar with proposed rDNA work &amp; NIH Guidelines)</b>		
<b>Name &amp; Title:</b>		
<b>Address:</b>		
<b>Telephone No:</b>	(       )	
<b>Emergency Phone No:</b>	(       )	
<b>Fax No:</b>	(       )	
<b>12) REGISTRATION (BL-1) Following must apply:</b>		
<ul style="list-style-type: none"> <li>Experiments are exempt from NIH Guidelines under Section III-E; (BL-1)</li> <li>Users not constructing rDNA organisms propagating them</li> </ul>		
<b>a. Name and type of organisms:</b>		
<b>b. Reference to section of NIH Guidelines where work falls:</b>		
<b>c. Percentage of viral genome present: (If rDNA containing eukaryotic viruses are propagated in cells)</b>		
<b>d. Liters of organism: (must not exceed 5000 L)</b>	<b>Liters</b>	
<b>e. All work will be carried out following the Guidelines at appropriate BL level.</b> <b>All exempt work will be done at BL-1.</b> <b>All waste will be disposed of according to all applicable federal, state and local codes.</b>  <div style="border-top: 1px solid black; width: 300px; margin-left: 0;"></div> <b>Signature of Responsible Party</b>	<b>f. Biological Waste Handler:</b>          	
<b>13) Attach annual report summarizing work performed over past year.</b>		
<b>Annual Registration Fee \$100</b>		

<b>14) PERMIT (BL-2) Application Fee \$1000 (one time)</b> <b>INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)</b>	<b>Annual Renewal Fee \$500</b>	
<ul style="list-style-type: none"> <li>Shall consist of corporate representatives, one community representative appointed by the Board of Health, Director of Health and a Board of Health member or his/her designee.</li> <li>Shall meet on a regular basis and submit minutes to the Norwood Biosafety Officer.</li> <li>Shall review all rDNA use for compliance with the Guidelines and approves projects that conform with the Guidelines. A description of each protocol approved by the IBC, including organisms and containment to be used, and a statement certifying the experiment conforms with the Guidelines, shall be filed with the Norwood Biosafety Officer.</li> <li>No community member of the IBC, Director of Health, Board of Health member or his/her designee shall have financial interest in the institution.</li> </ul>		
<b>SUBMIT FOLLOWING ITEMS WITH PERMIT APPLICATION AND FEE:</b>		
<b>Plot Plan of floor plan showing internal layout of facility</b>		
<b>List all organisms, containment levels and decontamination procedures</b>		
<b>Screening process to insure purity of the strain of host organism</b>		
<b>Plan for monitoring of waste to assure that rDNA organisms will not be released into environment</b>		
<b>Plan for pest control management</b>		
<b>All waste disposal will be done in accordance with CMR 480.000, Chapter VIII, Sanitary Code, Storage and Disposal of Infectious or Physically Dangerous or Biological Waste</b>		
<b>Plan for security of premises</b>		
<b>Name, title, home address and phone # of all IBC members</b>		
<b>Health monitoring, health surveillance and safety manuals for all persons engaged in the use of rDNA including:</b> <ul style="list-style-type: none"> <li>a. Prompt reporting to the IBC of employee illnesses potentially related to rDNA use</li> <li>b. Retention of medical and health records for at least ten years</li> <li>c. Medical or employee health records shall be made available for inspection and public health studies</li> <li>d. A training program of safeguards and safety procedures for personnel</li> </ul>		
<b>Name(s) of the Principal Investigator(s) responsible for enforcing Policies of the IBC:</b>		
<u><b>Name</b></u>	<u><b>Title</b></u>	<u><b>Home Address</b></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Plan orienting Norwood Health, Fire and Police to the physical plant and to emergency procedures</b>		
<b>Written agreement to allow inspection of facilities and pertinent records by the Norwood Biosafety Officer</b>		
<b>Inspection date:</b>		<b>Inspector signature:</b>